

Hospital / Clinic :		Telephone :		Date : 17/4/21											
Address		Fax :		<input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM											
P.O. # :		Received thru:		<input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair											
SAP Service Call #:		Warranty PPM		<input type="checkbox"/> Site Inspection											
Contact Person :		Warranty Repair		<input type="checkbox"/> Demo Installation											
Invoice #:		Delivery		<input type="checkbox"/> Paid Service											
Model : R53000		Serial # : 25357		Description NIDEK											
Problem / Error :															
Work Report : part carried out															
Optical <input type="checkbox"/> Ophtha <input checked="" type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>															
Qty.	Part Description				Part.#	Price									
	part carried out														
Warranty Period:						Invoice #									
Acceptance Date	1st PM		2nd PM		3rd PM	4th PM									
/ / 20	/ / 20		/ / 20		/ / 20	/ / 20									
Date	/ / 20		/ / 20		/ / 20	/ / 20									
Travel Time						Working Time	Expenses								
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	From	To	Total
Total Travel						Total Work						Total Expenses:			
Work Complete Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						Note : Customer Engineer						Date :			
Need Follow-up Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						Signature :						Stamp :			
Enclosed						Signature :						Stamp :			
Engineer						Signature :						Stamp :			

(Hotline 9200 - Amico / 9200-26426) or callcenter@amicogroup.com

Head Office: Jeddah :

Riyadh Branch :

Al-Khobar Branch :

Al-Madina Branch :

Abba Branch:

Unit Branch:

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Al-Rabi Center, Kholidan, Abha, KSA

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Hail KSA...

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Orig. : Master file, Blue: Customer, Yellow: Workshop, Pink : Engineer, Green: Accountant

Hospital / Clinic :		Telephone :		Date : 19/4/21													
		Fax :		<input type="checkbox"/> PPM <input type="checkbox"/> Contract PPM													
Address		P.O. # :		<input type="checkbox"/> Installation <input type="checkbox"/> Contract Repair													
K.A.A.S.H		Received thru:		<input type="checkbox"/> Warranty PPM <input type="checkbox"/> Site Inspection													
		SAP Service Call #:		<input type="checkbox"/> Warranty Repair <input type="checkbox"/> Demo Installation													
Contact Person :				<input type="checkbox"/> Paid Service													
Invoice #:		Delivery															
Model : NT 510		Serial #:		Description NIDEK													
Problem / Error :																	
Work Report : PPM carried out check the machine & it's working well																	
Optical <input type="checkbox"/> Ophtha <input type="checkbox"/> Derma <input type="checkbox"/> ENT <input type="checkbox"/> Ortho <input type="checkbox"/> Neuro <input type="checkbox"/> General <input type="checkbox"/> Trauma <input type="checkbox"/>																	
Qty.	Part Description				Part #	Price											
Warranty Period:																	
Invoice #																	
	Acceptance Date		1st PM		2nd PM												
	/ / 20		/ / 20		/ / 20												
Date	/ / 20		/ / 20		/ / 20												
Travel Time			Working Time			Expenses											
Date	From	To	Total	Unit	Total	Date	From	To	Total	Unit	Total	Date	From	To	Total		
Total Travel						Total Work						Total Expenses:					
Work Complete		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Note : Customer Engineer				Date :										
Need Follow-up		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					Stamp :										
Enclosed							Signature :										
Engineer																	

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